

Application and Contract for Exhibit Space

Meeting the Challenges of Comprehensive Cancer Control

Atlanta Marriott Marquis • Atlanta, Georgia

September 8-10, 1999

Name: _____ Degrees: _____ Date: _____

Title: _____

Agency/Affiliation: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Phone #: _____ Fax: _____ E-mail: _____

Name & Title of Persons Attending (up to 2):

#1 Name: _____ Position: _____

#2 Name: _____ Position: _____

Authorized

Signature: _____

Exhibitor Plans:

Please give a short description of what you plan to exhibit, including the health topic area:

Booth type requested: ☐ 8' x 10' Booth
☐ Tabletop Display
☐ Other needs _____

* Note: Exhibit space and location will be assigned on a first come, first served basis. No "for sale" items permitted.

Application/Contract Deadline: July 16, 1999

Please mail or fax completed form to:
Beth T. Layson
DCPC/NCCDPHP
Centers for Disease Control and Prevention
4770 Buford Hwy, NE, Mailstop K-52
Atlanta, Georgia 30341-3717
Phone: (770) 488-4226
Fax: (770) 488-4760

For Contractor Use Only

Accepted for CDC

By: _____

Booth # Assigned: _____

Date: _____

Title: _____